

**New Jersey Department of Health and Senior Services
Consumer and Environmental Health Services
PO Box 369
Trenton, NJ 08625-0369**

APPLICATION FOR PERMIT TO HANDLE NITROUS OXIDE

Name of Person/Firm	Birthdate
Street Address	
City, State, Zip	Telephone Number
Purpose/Use <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><input type="checkbox"/> Food Processing</div><div><input type="checkbox"/> Sales</div><div><input type="checkbox"/> Race Car/Vehicle</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><input type="checkbox"/> Research</div><div><input type="checkbox"/> Other (Specify): _____</div></div>	
Location(s) Where Nitrous Oxide is to be Used (Not Applicable for Race Cars/Vehicles)	
Full Name and Address of Place of Purchase (In New Jersey only; if purchase is to be made in another state, write "Out of State.")	
<i>I am applying for a permit to possess or use Nitrous Oxide for the purpose or use indicated above. I certify that the information provided in this application is true and correct to the best of my knowledge and belief.</i>	
Signature of Applicant	Date

FOR STATE USE ONLY	
Date Received	Approved By

Distribution: Original - NJDHSS
Copy - Applicant